

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/517042

APPLICANT(S)

FILING DATE

Winston Alvarez
National Stage Processing
Patent Specialist
(703) 305-8421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	17	←	29	←		←
TOTAL CLAIMS	30		31			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						